STREET ADDRESS, CITY, STATE, ZP CODE 2800 F DESERT INN ROAD LAS VEGAS, NV 89121	CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
INSTITUTE OF ORTHOPAEDIC SURGERY LLC (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL TAG RESULATORY OR LSC IDENTIFYING NFORMATION) Q 000 INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your facility on February 4. Through February 5, 2010, in accordance with 42 Code of Federal Regulations (CFR) 416 Subparts A through C, Requirements for Ambulatory Surgery Centers. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified. Q 243 - DIRECTION The program is - Under the direction of a designated and qualified professional who has training in infection control. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the infection control program was supervised by a qualified, trained professional. Findings include: In the morning of 2/5/10, an interview was conducted with the Administrator and the Sterile	29C0001050			B. WING		02/0	5/2010
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Processing Technician, Employee #12, The		This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your facility on February 4 through February 5, 2010, in accordance with 42 Code of Federal Regulations (CFR) 416 Subparts A through C, Requirements for Ambulatory Surgery Centers. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified. 416.51(b)(1) INFECTION CONTROL PROGRAM - DIRECTION The program is - Under the direction of a designated and qualified professional who has training in infection control. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the infection control program was supervised by a qualified, trained professional. Findings include:			What corrective action(s) accomplished for those for affected by the deficient properating Room Supervis nurse, having successfully "Training in Infection Corprofessionals in Ambulated Settings" on February 9, 2 broad knowledge of the factoriol program, has been Medical Executive Communification Control Program of February 23, 2010 How the facility will idente the potential for the same The Operating Room Supermaintain this responsibility in continuing education acknowledgeable and qualification will measures will be pusystematic changes made deficient practice will not change in personnel for the require similar qualification designation by the Medical Committee for that specific thow the facility will monactions to ensure that the is being corrected and will administrator will report a	will be nund to have been ractice? The or, a registered completed atrol for ory Surgical 010 and having a cility's infection designated by the ittee to direct the for the facility as tify others having deficiency? ervisor will y and participate stivities to remain ied in this area. It into place or to ensure that the recur? Any is position will ons and al Executive c individual. Itor its corrective deficient practice Il not recur? The my changes to the	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
	29C0001050	B. WING			02/05/2010	
NAME OF PROVIDER OR SUPPLIER INSTITUTE OF ORTHOPAEDIC SURGERY LLC			28	800 E DESERT INN ROAD	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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administrator indidesignated Infect administrator addinistrator and supervisor addinistrator and control, other that of surgical equipments and control data and Quality Improvent There was no dor professional was board to function Control professional was board to function Control professional was board to function Control professional to function and communicate implementing commeasures that results are supposed to the control of the communicate implementing commeasures that results are supposed to the control of	icated Employee #12 was the ion Control person. The led, Employee #12 spent 40 edicated to infection control daily responsibilities included sterilizing all surgical equipment. In the second of the second of the least second			Plan of Correction Q 243 - Co Responsible party for accompliance corrective action: The Medica Committee. Date of completion: February Plan of Correction Q 245 What corrective action(s) will accomplished for those found affected by the deficient practic containers will be checked by nat the beginning and end of eac Containers that are ¾ full will be per existing policy. Antiseptic be readily available in each ope and will be used per protocol. How the facility will identify of the potential for the same defic assigning staff both at the begin of the day to monitor sharps lev accountability will occur. Staff observe others around them in the edo not follow proper protocol. What measures will be put into systematic changes made to endeficient practice will not recursive.	be to have been ce? Sharps sursing staff h day. be replaced solution will erating room thers having ciency? By uning and encycles, mutual fare to the operating vent that they oplace or sure that the r?	
Based on observation, interview and policy review, the facility failed to ensure measures					protocol.	
	ROVIDER OR SUPPLIEF SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From administrator indi designated Infect administrator add hours per week d issues. Employee # 12's disinfecting and s Review of Emplo revealed Employ professional and control, other tha of surgical equipr In the afternoon of supervisor indical Control data and Quality Improven There was no doo professional was board to function Control professio 416.51(b)(3) INFE - RESPONSIBILI The program is Responsible for preventing, identi and communicab implementing cor measures that res This STANDARD Based on observa	ROVIDER OR SUPPLIER TE OF ORTHOPAEDIC SURGERY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 administrator indicated Employee #12 was the designated Infection Control person. The administrator added, Employee #12 spent 40 hours per week dedicated to infection control issues. Employee # 12's daily responsibilities included disinfecting and sterilizing all surgical equipment. Review of Employee #12's personnel file revealed Employee #12 was not a licensed professional and had minimal training in infection control, other than sterilization and maintenance of surgical equipment. In the afternoon of 2/5/10, the Operating Room supervisor indicated he gathered the Infection Control data and reported this information to the Quality Improvement Committee. There was no documented evidence a qualified professional was approved by the governing board to function as the designated Infection Control professional. 416.51(b)(3) INFECTION CONTROL PROGRAM - RESPONSIBILITIES The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.	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Plan of Correction Q 245 - Continued disinfecting and sterilizing all surgical equipment. Review of Employee #12's personnel file revealed Employee #12 was not a licensed professional and had minimal training in infection control, other than sterilization and maintenance of surgical equipment. In the afternoon of 2/5/10, the Operating Room supervisor indicated he gathered the Infection Control data and reported this information to the Quality Improvement Committee. There was no documented evidence a qualified professional was approved by the governing board to function as the designated Infection Control professional. 416.51(b)(3) INFECTION CONTROL PROGRAM - RESPONSIBILITIES The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventity where the potential for the same deficiency? By assigning staff both at the beginning staff both at the beginning staff both at the exemptating corrective and preventity on maintenance of the day to monitor sharps levelus them to the event that the do not follow proper protocol. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? Supervisors will perform additional inservice decadation on hand

FORM CMS-2567(02-99) Previous Versions Obsolete

were implemented and followed to prevent the

Event ID:7P2911

Facility ID: NVS3303ASC

If continuation sheet Page 2 of 4



DEPARTMENT OF HEALTH AND HUNN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

	PRINTED: 03/19/201
)	FORM APPROVE
/	OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
		29C0001050				02/05/2010	
	NAME OF PROVIDER OR SUPPLIER INSTITUTE OF ORTHOPAEDIC SURGERY LLC			28	REET ADDRESS, CITY, STATE, ZIP CODE 800 E DESERT INN ROAD AS VEGAS, NV 89121		3.2.0 TU
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPIDEFICIENCY)	ULD BE	(X5) COMPLETION DATE
Q 245	spread of infection Findings include: On 2/4/10 in the mather pre-operative at the full line. On 2/4/10 at 10:15 Operating Room #full line. The circulating Room full line. The circulating the sharps contained the container lever syringe was able to the containing the proceducirculating nurse of contaminated gauz were used during the hands. She then rewash her hands or proceeded to obtain and placed those in	indings include: On 2/4/10 in the morning, the sharps container in the pre-operative area was observed to be above		245	Plan of Correction Q 245 - Continued How the facility will monitor its corrective actions to ensure that the deficient practic is being corrected and will not recur? Supervisors will perform random spot checks to verify adherence to policy for bot sharps containers and hand protocol. Responsible party for accomplishing and/or monitoring compliance with the corrective action: Operating Room Supervisor Pre/Post Anesthesia Care Unit Supervisor Anticipated date of correction: March 24, 2010		:
	At 10:55 am, the circulating nurse opened the trash container with her gloved hands. She did not change her gloves. She obtained another sterile needle and suture and gave these items to the surgical technician. She then proceeded to place 2 packs of syringes into the storage cabinet in Operating Room #4. The facility policy titled, "Hand Protocol", dated 7/2009 indicated - "All personnel will perform handwashing decontamination at these times: Before putting on gloves and immediately after				RECEIV MAR 2 6 2 BUREAU OF LICENSURE AND LAS YEGAS, NEVA	2010 CERTIFICATION	

DEPARTMENT OF HEALTH AND HUNN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						PRINTED: 03/19/2010 FORM APPROVED OMB NO: 0938-0391	
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NAME OF P	ROVIDER OR SUPPLIER			1	ET ADDRESS, CITY, STATE, ZIP CODE	-	
INSTITU	TE OF ORTHOPAED	IC SURGERY LLC			00 E DESERT INN ROAD AS VEGAS, NV 89121		
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Q 245	removal of gloves" On 2/5/10, in the manusing supervisor containers should the full line. The subins should not be do have foot pedal wash their hands, or removing contamination.	_	Q	245	RECE	EIVED 6 2010	
75					DUDGAN OF HOFNSH	RE AND CERTIFICATION S, NEVADA	